
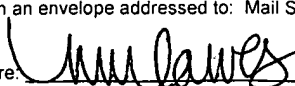


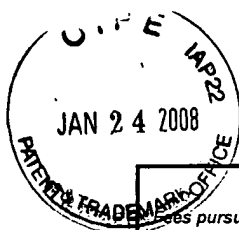


1631

PTO/SB/22 (01-08)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> <b>M0656.70055US00</b>	
<b>Application Number</b> <b>09/557,997-Conf. #7686</b>		<b>Filed</b> <b>April 24, 2000</b>	
<b>For</b> <b>METHOD FOR ANALYZING POLYSACCHARIDES</b>			
<b>Art Unit</b> <b>1631</b>		<b>Examiner</b> <b>C. L. Smith</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$ <b>1,050.00</b>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,318</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		<u>January 22, 2008</u> Date	
<u>Janice A. Vatland, Ph.D.</u> Typed or printed name		<u>617.646.8000</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

<b>Certificate of Mailing Under 37 CFR 1.8(a)</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: January 22, 2008	Signature:  (Nicole Millette Hawes)



<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
		Application Number	09/557,997-Conf. #7686
		Filing Date	April 24, 2000
		First Named Inventor	Ganesh Venkataraman
		Examiner Name	C. L. Smith
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1631
TOTAL AMOUNT OF PAYMENT		(\$)	1,050.00
		Attorney Docket No.	M0656.70055US00

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 23/2825
Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>						
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>	
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0
<b>2. EXCESS CLAIM FEES</b>						
<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>				
Each claim over 20 (including Reissues)	50	25				
Each independent claim over 3 (including Reissues)	210	105				
Multiple dependent claims	370	185				
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
_____ - 20 = _____	x _____	= _____	_____	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____
HP = highest number of total claims paid for, if greater than 20.						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 3 = _____	x _____	= _____	_____			
HP = highest number of independent claims paid for, if greater than 3.						
<b>3. APPLICATION SIZE FEE</b>						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____			
<b>4. OTHER FEE(S)</b>						
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,050.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	52,318
Name (Print/Type)	Janice A. Vatland, Ph.D.	Telephone	617.646.8000
		Date	January 22, 2008

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